

Patient Information

The Community Dietetics Care Home Pack

The aim of this sheet is to help you to devise a care plan for your patients using the results of the Malnutrition Universal Screening Tool (MUST).

Food fortification and homemade booster products should always be the first choice for managing malnutrition. However, over the counter or prescribed oral nutritional supplements can complement a normal diet when food alone is insufficient to meet a patient's daily needs.

Malnutrition Universal Screening Tool (MUST)		
Step 1 BMI Score	Step 2 Weight Loss Score	Step 3 Acute Disease Effect Score
BMI kg/m ² Score >20 (>30 Obese) = 0 18.5 – 20 = 1 <18.5 = 2	Unplanned weight loss in past 3 - 6 months % Score <5 = 0 5-10 = 1 >10 = 2	If the patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days Score = 2
Step 4 - Overall risk of malnutrition / undernutrition		
Add scores together to calculate overall risk of malnutrition Score 0 = Low Risk, Score 1= Medium Risk, Score 2 or more = High Risk		
Step 5 - Management Guidelines		
Score 0 Low Risk Routine clinical care Repeat screening monthly	Score 1 Medium Risk Observe Please turn over for Medium Risk care plan	Score 2 or more High Risk Treat* Please turn over for High Risk care plan * Unless detrimental or no benefit is expected from nutritional support e.g. imminent death
All risk categories <ul style="list-style-type: none"> • Treat underlying conditions and provide help and advice on food choices, eating, and drinking when necessary. • Record malnutrition risk category and care plan in clinical notes. • Record need for special diets and follow local guidelines for those identified as moderate or high risk of undernutrition (see overleaf). • Re-assess subjects as they move through care settings. • If no weight/height available, please use the subjective criteria in the MUST tool to estimate. 		
Obesity: Record the presence of obesity. For those with underlying conditions, these are generally controlled before the treatment of obesity.		

Risk Category Action Plans

Low Risk

No action necessary, repeat screening monthly.

Medium Risk

Provide a high calorie, high protein diet "Food First", most people need an additional 300 to 600 kcal a day to help them put on some weight:

- Fortify the diet (see "100kcal Boosters" sheet).
- Provide two nourishing snacks a day in-between meals (see "Booster Snacks" sheet).
- Provide two nourishing drinks each day between meals (see "100kcal Boosters" sheet drinks section).

Ask the GP to prescribe an A-Z multivitamin and mineral supplement.

Complete food record charts every 3 days and review food intake.

Weigh weekly.

This treatment focuses on helping people gain weight using "ordinary" food. It is useful to ask a patient about their likes and dislikes and to tailor the advice you give them based on this information.

These actions should continue for as long as the score is medium risk.

High Risk

Follow as "Medium" above **and** provide two homemade booster drinks a day between meals (see "Homemade Boosters" sheet).

If high risk for two consecutive months and their weight has declined, refer the resident to the GP for assessment for oral nutritional supplements.

A sheet on "First Line Oral Nutritional Supplements" is enclosed, which details the criteria that must be met in order for the GP to consider prescribing, in line with MK CCG guidelines. It also contains guidelines for referring to the Community Dietitians.

You will also need to complete the Care Home Prescription Request Form and give that to the GP.

Please note that if nutritional supplements are commenced and taken successfully, the A-Z multivitamin and mineral tablet should be stopped.

Our contact details:

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